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SERIAL NUMBER 10/650,326	FILING OR 371(c) DATE 08/28/2003 RULE	CLASS 514	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. JJJ-P01-599
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APPLICANTS

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CB

** CONTINUING DATA *****

This appln claims benefit of 60/406,431 08/28/2002

CB

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 11/25/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 48	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 16
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>CB</u> 9/15/06 Examiner's Signature Initials				

ADDRESS

28120

TITLE

Conjoint administration of morphogens and ACE inhibitors in treatment of chronic renal failure

FILING FEE RECEIVED 2172	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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